

REMARKS

Claims 38-40 were rejected under 35 U.S.C. §102a and/or e as being anticipated by US Pat. 6,074,213 (Hon). Claim 38 describes a method for providing instructional information on the use of a medical device to a user computer, the method comprising providing a medical device control object in a first graphical user interface, the medical device control object simulating a control of the medical device; providing a medical device first aid instrument object in the first graphical user interface or a second graphical user interface, the medical device first aid object, simulating a first aid component of the medical device; and providing feedback in response to interacting with the medical device control object and medical device first aid instrument object, the feedback indicating the correctness of the interaction with the medical device control object and the medical device first aid instrument object. The Hon patent describes a system for enabling a medical or surgical team to train in treating a single patient together while at separate locations. The keys to making this possible are the use of a computer network to provide a "virtual patient" which each individual can see on a computer screen (e.g., 40,41,42) at his/her location; "psychomotor inputs" by which each participant can carry out his/her part of the medical procedure, including the physical devices shown in Figs. 6-8 which simulate the devices used in the procedure; and a computer which responds to inputs from the psychomotor devices to develop responses to their use or interaction. It is seen that there are numerous differences between the Hon system and the medical device instructional method of Claim 38. First of all, Hon does not instruct the use of a medical device, he enables remotely located team members to practice a medical procedure together. Secondly, medical device control objects and medical device first aid instrument objects are not provided in a graphical user interface, they are provided as the tangible psychomotor devices shown for instance in Figs. 6-8. The computer screens in Hon are used to depict the virtual patient to each participant. Third, this means that there cannot be interaction with medical device control objects and medical device first aid instrument objects on a graphical user interface. Fourth, there is no feedback indicating the correctness of such interaction. Instead, the results of interaction of the psychomotor devices with the virtual patient and with each other is simply presented by the Hon

computer. The Hon patent gives the example of the conflict arising when one participant is trying to provide ventilation for the patient when another participant is providing chest compression. In that case the operation of the ventilation psychomotor device is made more difficult. See the paragraph spanning cols. 13-14. Finally, since the psychomotor devices are not meant to simulate actual medical devices but only to provide the effects of use of actual medical devices, the Hon system assumes that the participants in a training exercise are already skilled in the use of those medical devices. For all of these reasons it is respectfully submitted that Hon cannot anticipate Claim 38 or its dependent claims including Claim 40.

Claims 1, 4, 5, 7-10, 12-14, 16, 18-19, 21-24, 26, and 44-49 were rejected under 35 U.S.C. §103(a) as being unpatentable over Hon in view of US Pat. 5, 791,907 (Ramshaw et al.) Claim 1 describes a method for providing instructional information on the use of a medical device to a user computer, the method comprising receiving a request for instructional information on the use of the medical device over a network, the request originating from the user computer; providing a first graphical user interface having a list of instructional topics associated with the medical device to the user computer in response to the request; providing a second graphical user interface having a list of instructional sub-topics associated with an item on the list of instructional topics to the user computer in response to receiving a request for the item on the list of instructional topics from the user computer; providing a plurality of instructional graphical user interfaces having instructional information pertaining to an item on the list of instructional sub-topics to the user computer in response to receiving a request for the item on the list of the instructional sub-topics from the user computer, at least one of the first, second and plurality of instructional graphical user interfaces including at least one interactive simulation object with which interaction simulates operating controls or device instruments of the medical device; and generating a feedback in response to interacting with the interactive simulation object indicating (i) whether a particular interaction is appropriate under given conditions; and (ii) the correctness on the use of the medical device. The Hon patent, as previously described, is not directed to a method for providing instructional information on the use of a medical device; it is a network training system for a team of people. Ramshaw et al. describe a computer-based training

system where a student selects a surgical procedure on which to receive instruction. The system then plays a video of the surgical procedure, pausing occasionally to ask the student a question, such as what instrument to use next or the location of an incision. Thus, Ramshaw et al. also does not provide instruction on the use of a medical device, it provides training on the conduct of a surgical procedure. Neither Hon nor Ramshaw et al. have graphical user interfaces of a list of instructional topics and of a list of subtopics which is presented upon selection of a particular topic. There is also no interaction with a simulation object on a user interface which simulates operating the controls or the device instruments of a medical device. In Hon, as discussed previously, the users operate tangible psychomotor devices. In Ramshaw et al. the user simply clicks on an image of an instrument to answer a question. There is no interaction which simulates operating the controls of a medical device or interaction with a device instrument. For these reasons it is respectfully submitted that Hon and Ramshaw et al. cannot render Claim 1 and its dependent Claims 2-13 and 44-45 unpatentable.

Claim 14 describes a system for providing instructional information on the use of a medical device, the system comprising a network; a user computer coupled to the network for requesting instructional information on the use of the medical device; and a server coupled to the network, wherein the server provides a first graphical user interface having a list of instructional topics associated with the medical device to the user computer in response to the request for instruction, provides a second graphical user interface having a list of instructional sub-topics associated with an item on the list of instructional topics to the user computer in response to receiving a request for the item on the list of instructional topics from the user computer, provides a plurality of instructional graphical user interfaces having instructional information pertaining to an item on the list of instructional sub-topics to the user computer in response to receiving a request for the item on the list of the instructional sub-topics from the user computer, at least one of the first, second, and plurality of instructional graphical user interfaces including at least one interactive simulation object with which interaction simulates operating controls or device instruments of the medical devices, and generates a feedback in response to interacting with the interactive simulation object indicating (i) whether a particular interaction is appropriate under given conditions; and (ii)

the correctness on the use of the medical device. Neither Hon nor Ramshaw et al. have graphical user interfaces of a list of instructional topics and of a list of subtopics which is presented upon selection of a particular topic. There is also no interaction with a simulation object on a user interface which simulates operating the controls or the device instruments of a medical device. In Hon, as discussed previously, the users operate tangible psychomotor devices. In Ramshaw et al. the user simply clicks on an image of an instrument to answer a question. There is no interaction which simulates operating the controls of a medical device or interaction with a device instrument. For these reasons it is respectfully submitted that Hon and Ramshaw et al. cannot render Claim 14 and its dependent Claims 15-25 and 46-47 unpatentable.

Claims 39 and 41-43 were rejected under 35 U.S.C. §103(a) as being unpatentable over Hon in view of US Pat. 6,321,113 (Parker et al.) Claims 39 and 41-43 depend from Claim 38, which was previously compared with Hon and shown to be patentable thereover for at least five reasons, not the least of which is the fact that Hon is not directed toward providing instruction on use of a medical device. Parker et al. is also not directed to that end, it is directed to communicating the event data of an AED rescue to a base computer by way of a portable rescue scene computer. No mention is made at all of training individuals on the use of the Parker et al. AED, only of conveying data about training to the base computer. See col. 8, lines 46-54. Parker et al. do not provide any of the elements missing in Hon with respect to Claim 38. It is therefore respectfully submitted that Claims 39 and 41-43 are patentable over Hon and Parker et al. by reason of their dependency.

Claims 2, 6, 11, 15, 20 and 25 were rejected under 35 U.S.C. §103(a) as being unpatentable over Hon in view of Ramshaw et al. in further view of Parker et al. Claims 2, 6, and 11 all depend from Claim 1 which has previously been shown to be patentable over Hon and Ramshaw et al. The addition of Parker et al., which is not related to instruction on the use of a medical device but to transmittal of the event data of a medical device to a base computer, does not overcome the previous deficiencies of Hon and Ramshaw et al. with respect to Claim 1 as discussed above. Thus it is respectfully submitted that Claims 2, 6, and 11 are patentable over these three patents by reason of their dependency.

Claims 15, 20 and 25 all ultimately depend from Claim 14, which has been previously shown to be patentable over Hon

and Ramshaw et al. The addition of Parker et al., which is not related to a system for providing instructional information on the use of a medical device but to transmittal of the event data of a medical device to a base computer, does not overcome the previous deficiencies of Hon and Ramshaw et al. with respect to Claim 14 as discussed above. Thus it is respectfully submitted that Claims 15, 20, and 25 are patentable over these three patents by reason of their dependency.

Claims 3 and 17 were rejected under 35 U.S.C. §103(a) as being unpatentable over the Hon, Ramshaw et al. and Parker et al. patents in further view of US Pat. 5,645,571 (Olson et al.) Claim 3 depends from Claim 1 and Claim 17 depends from Claim 14, which were discussed immediately above with respect to the first three patents. The Olson et al. patent only adds the concept that an AED can self-test. The parameters of an AED which can be self-tested by Olson et al. are discussed at the top of col. 5 and the top and bottom of col. 7 of the patent. The elements missing from Hon, Ramshaw et al. and Parker et al. with respect to Claims 1 and 14 are not supplied by Olson et al., which also makes no mention of instruction on the use of a medical device. For these reasons it is respectfully submitted that Claims 3 and 17 are patentable over the five patents by reason of their dependency.

In view of the foregoing amendment and remarks, it is respectfully submitted that Claims 38 and 40 are not anticipated by Hon and that Claims 1-25, 39, and 41-47 are patentable over any combination of Hon, Ramshaw et al., Parker et al. and Olson et al. Accordingly it is respectfully requested that the rejection of Claims 38 and 40 under 35 U.S.C. §102 and of Claims 1-25, 39, and 41-47 under 35 U.S.C. §103 be withdrawn.

In light of the foregoing amendment and remarks, it is respectfully submitted that this application is now in condition for allowance. Favorable reconsideration is respectfully requested.

Respectfully submitted,

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